## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives	C C00554774
	C 000334774
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Scott Howell & Company	03 14 2014
Mailing Address 3900 Willow St.	Amount
Suite 200  City State Zip Code	58355.00
Dallas TX 75226	Transaction ID : SE.4179 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy  Category/ Type  004	03
Name of Federal Candidate Support Offic	e Sought: House District:
Mr. Christopher Brian McDaniel Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: X Primary General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	58355.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	58355.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	03 14 2014
Signature	